

## PART B - FEE(S) TRANSMITTAL

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35273 7590 06/22/2006  
**BEVER, HOFFMAN & HARMS, LLP**  
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(Depositor's name)

**Filed Electronically**

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/644,733	08/21/2003	Nick Sherstyuk	PAT 655-2 US	6200

TITLE OF INVENTION: METHOD OF INTERACTIVE VISUALIZATION AND PARAMETER SELECTION FOR ENGINEERING DESIGN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	\$700	\$1,400	\$300	\$1000
EXAMINER	ART UNIT		CLASS-SUBCLASS		
WHITMORE, STACY	2825		716-002000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**1 BEVER, HOFFMAN & HARMS, LLP**  
**2 Jeanette S. Harms**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Synopsys Inc.**

**Mountain View, CA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies

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A check in the amount of the fee(s) is enclosed.  
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 The Director is hereby authorized to charge deficiencies or credit any overpayment, to Deposit Account Number **50-0574** (enclose an extra copy of this form).

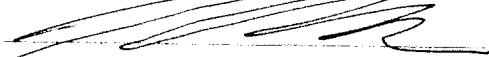
5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date **September 20, 2006**

Typed or printed name

**Jeanette S. Harms**

Registration No. **35537**

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